WASTE RECEIPT #	1605700
SHIPPER ID#	

MANIFEST # 49158

DRUM#	DESCRIPTION	% OF SOLIDS	% OF SLUDGE	% OF LIQUID	DRUM SIZE	TOTAL GALLONS	PROFILE#	STORAGE
01	Evaporator studge	90	0	10	559		11331	482
02		V	1	V	1	1	V	7.
03	PPe, Filters, RAGS, Debns	100	1	0	V	V	12378	Mu
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DATE 6-3-99

RECEIVERS SIGNATURE . M. L. COLOC



		cint of type	Emergency (Contact Telepho 2 - 8128	one Number					
		UNIFORM HAZARDOUS WASTE MANIFEST	Generator's US E	PA ID No.	Manifest Document No	2. Page	Illiulliali	on in the	shaded areas is ederal law.	
	3. Generator's Name and Mailing Address Quebecon 4101 D. Ti			TUTEGRATED MEDIA			A. State Manifest Document Number B. State Generator's ID			
		Jransporter 1 Company Name	6.	US EPA ID Number C. State Transporter's ID						
		CLEAN CARE CORP. Transporter 2 Company Name	<u>[W</u>	A D 9 88.4		D. Transp	oorter's Phone	(253)	627-3925	
			8.	US EPA ID	Number	The second second second second	Transporter's ID	Wakit o	t beriggess to	
	9.	Designated Facility Name and Site Address	10.	US EPA ID	Number		Facility's ID	ocides m	ardt aste Note	
	1	510 Taylor Way	· .				Majing Aidress			
	-	TACOMA Wa 98421	w.	4.D.9.8.0.	1.3.8.5.1.2	* * * * * * * * * * * * * * * * * * *	's Phone 3) 627 - 19		A ROBE UMBAL MAKAMAT TUK SISSE MAK	
	111.	US DOT Description (Including Proper Shipping I	Vame, Hazard Class, ar	nd ID Number)	12. Co	ntainers	13. Total	14. Unit		
	a.	NON-RCRA WASTE LIQUID			No.	Туре	Quantity	Wt/Vol	Waste No.	
		(MATERIAL NOT REGULATED BY	(700					,	WT02	
G	b.	NON-REGULATED MATERIA	×1		/.	D.M	1.10	6	W- 848 1	
EN	1	(MATERIAL NOT REGULATED	> By DOT)	100.18	Will.				E-beggese.	
ERA	C.	PPE, FILTERS, RAGS, DEBRIS	•	Chr.	. Z · · · · · · 1	D.M.	5.5	6	ALCOHOLD STATES	
ATOR	0.	-		est.	*		8.4			
1	d.			11 .	colo .				Local Control	
			11	1. L.					May a sa	
	J. A	dditional Descriptions for Materials Listed Above	or taylor out a crosso	12		K. Handling	K. Handling Codes for Wastes Listed Above			
II b. Profice # 12378										
	15. Special Handling Instructions and Additional Information						L			
	C. C									
		GENERATOR'S CERTIFICATION: I hereby declare backed, marked, and labeled, and are in all respects in if I am a large quantity generator, I certify that I have practicable and that I have selected the practicable meand the environment; OR, if I am a small quantity general available to me and that I can afford.	a program in place to rec	luce the volume and to	exicity of waste gene	rated to the de	national governm egree I have dete	ental reg	gulations. to be economicali	
	X	Printed/Typed Name	£	Signature			- 1-	Moi		
T	17. T	David W. Uuna		1	me z	-car		1 .	5/27/55	
RAN		Printed/Typed Name	riais	Signature		-		Mar	nuth Day V	
SPO	IN T	ARIC KEARK	(1.		Mor	The Day Yea	
TRANSPORTER		ransporter 2 Acknowledgement of Receipt of Mate rinted/Typed Name	rials	Signature					10 / / /	
_				Signature				Mor	nth Day Yea	
FACILIT		iscrepancy Indication Space acility Owner or Operator: Certification of receipt o	f hazardous materials c	overed by this manife	st except as noted	n Item 19.			,	
4	P	rinted/Typed Name	\	Signature 3	1			Mon	th Day Year	
1		Mike Deacon J	OICC	ull	ike il	all	دن	100	ology Year	
		A Long Coolons	T/5	S/D/F COPY					14-14-16-16-16-16-16-16-16-16-16-16-16-16-16-	

Please points type	Son 200 Class	ımber				
Form designed for use on elite (12-pitch) typewriten	800-282-8128			Form Approved. Q		050 (039, Expires 9-3)
UNIFORM HAZARDOUS WASTE MANIFEST	Generator's US EPA ID No. A.O.O.O.O.O.1.6.1.3.9 4.90	Manifest cument No ·\ ·5·8	2. Page of	. Innomnam		shaded areas is ederal law.
Generator's Name and Mailing Address	QUEBECOR TUTEGRATED MEDIC	7	A. State	Manifest Docum	nent Nur	nber
	4101 D. INBUSTRY DR. EAST			nonare	date it v	satterijni tres
4. Generator's Phone (253)922 - 0990	Tocoms, Wa 98424		B. State	Generator's ID	DIAMETER.	to senion.
5. Transporter 1 Company Name				no.	ramohn.	Consweller
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. US EPA ID Number			Transporter's ID		#PICTS
7. Transporter 2 Company Name	[WAD 9.8847.7	1.4.4	D. Trans	sporter's Phone	(253)	627-3925
Thansporter 2 company Name	8. US EPA ID Number			Transporter's ID	ALZHU O	Odinglass .
Designated Facility Name and Site Address	10. US EPA ID Number			porter's Phone		Mark and
CLEAN CARE CORP.	10. US EPA ID Number		G. State	Facility's ID	etimen	off sulp (\$0)
1510 Taylor WAY			Yillia is.	Attaching watchers.	JUR MIL	Strate Strategic
TAROMA WA 98421	W.A.D.9.8.0.7.3.8	511		y's Phone		r right appears
11. US DOT Description (Including Proper Shipping Nam	ne Hazard Class and ID Number			53) 627-19	_	est a fintelier
HM	ic, riazard olass, and to ryumber)	12. Conta	iners	13. Totai	14. Unit	san brighton
a. NON-RORA WASTE LIQUID		No.	Туре	Quantity	Wt/Vol	Waste No.
(MATERIAL NOT REGULATED BY DO	1-1					WT02
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ON - REGULATED MATERIAL (MATERIAL NOT REGULATED PPE, FILTERS, RAGS, DEBRIS		1	M. C		1	The tables of the control of the con
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J. Additional Descriptions for Materials Listed Above	The second of the second		K. Handlin	g Codes for Was	tes Liste	ed Above
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a transfer of an investment of the state of the	X 1/2 mind					
15. Special Handling Instructions and Additional Information	on'					,
	21.63					i.
16 CENERATORIS CERTIFICATION						
 GENERATOR'S CERTIFICATION: I hereby declare that packed, marked, and labeled, and are in all respects in pro 	t the contents of this consignment are fully and accurate condition for transport by highway according to an	rately describ	ed above i	by proper shippin	g name	and are classified.
If I am a large quantity generator, I certify that I have a p	rogram in place to reduce the volume and tovisity of					
practicable and that I have selected the practicable metho and the environment; OR , if I am a small quantity generate	d of treatment, storage, or disposal currently available	to me which	minimizes t	degree I have dete the present and fu	ture thre	to be economically at to human health
and the environment; OR , if I am a small quantity generat available to me and that I can afford.	or, I have made a good faith effort to minimize my war	ste generation	and selec	t the best waste n	nanagem	nent method that is
Printed/Typed Name	Signature				Mo	nth Day Year
David W. Uung	- Lann	12			1 .	5120155
17. Transporter 1 Acknowledgement of Receipt of Material	s		of the latest like the latest	The state of the s		-1-///
Printed/Typed Name	Signature		1		Moi	nth Day Year
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 Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name 	The same of the sa					
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19. Discrepancy Indication Space						. .
pace				1		
20. Facility Owner or Operator: Certification of receipt of ha	azardous materials covered by this marife					
. Samuation of receipt of his	azardous materiais covered by this manifest excep	t as noted in	Item 19.			
Printed/Typed Name	Signature					
Mike Dececii to	Signature				Mon	th Day Year
7	- CC IIICK	12	VI.		10	JU 37.7

TRANSPORTER #1

Please brint or type	Emergency Contact Telephone Nu	umber		Part Name			H-100 MA				
If one designed for use on aute (12-pitch) typewriter)	800-282-8128										
WASTE MANIFEST	Consessation I I I I I I I I I I I I I I I I I I I	Manifest cument No.	2. Pa	- mainiat	ion in the	shaded ar	reas is				
Generator's Name and Mailing Address	QUEBECOR TUTEGRATED MEDI			ate Manifest Docu							
	4101 D. TUBUSTEY DR. EAST		or a Grant			Sumul Straft					
4. Generator's Phone (2.53)922 · 0990	Tacoma. Wa 98424		B. Sta	ite Generator's ID	7.1						
5. Transporter 1 Company Name		Activation of world									
CLEAN CARE CURO.	6. US EPA ID Number			te Transporter's II		8.					
7. Transporter 2 Company Name	8. US EPA ID Number	WAD 9.8.8.4.7.7.1.4.7 D. Transporter's P					Phone (253) 627-3925				
	1	- State trains									
Designated Facility Name and Site Address		10. US EPA ID Number G. S					Transporter's Phone State Facility's ID				
CLEAN CARE CORP.		G. State									
1510 TAylor WAY			H Fac	ility's Phone Bruch	्रकृत्याहरू स्थापक जाग	B 150 新 201-					
11 US DOT DOWN WA 18421	W.A.D.9.8.0.7.3.8	5.1.2		253) 627-19		TROUGH NO.					
11. US DOT Description (Including Proper Shipping Name	e. Hazard Class, and ID Number)	12. Con		13. Total	14.	40 908F	lyst or				
a. Non-RCRA WASTE LIQUID		No.	Туре	Quantity	Unit Wt/Vol	Wast	l. e No.				
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J. Additional Descriptions for Materials Listed Above			.			Santi					
IIa. Profice # 11321 IIb. Profice # 12378 15. Special Handling Instructions and Additional Information	and established and an endi-	E Older v Propor v	and still		tig fair taeti	desdo designation described					
10. Special Handling Instructions and Additional Information	n				1						
16 GENERATOR'S CERTIFICATION											
16. GENERATOR'S CERTIFICATION: I hereby declare that the packed, marked, and labeled, and are in all respects in proper if I am a large quantity operator. I am a large quantity operator. I am a large quantity operator.											
practicable and that I have selected the practicable method and the environment; OR , if I am a small quantity generator, available to me and that I can afford.	ogram in place to reduce the volume and toxicity of v	waste genera	ated to the	degree I have det	ermined t	o be econo	mically health that is				
Printed/Typed Name David W. Unne	Signature	_		_	Moi	nth Day	Year				
17. Transporter 1 Acknowledgement of Receipt of Materials	- July	12 2	and the			1127	5.5				
Printed/Typed Name			The same of the sa	acres de la constante de la co							
MARIE KEARK	Signature		5		Mor	oth Day	Year				
18. Transporter 2 Acknowledgement of Receipt of Materials						17.7	77				
Printed/Typed Name	Signature				Mon	th Day	Vana				
					1 .	nth Day	Year				
 Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of haza 	zardous materials covered by this manifest except	t as noted ir	iltem 19.								
Printed/Typed Name	Signature										
MIKE DECCO IN			,		Mont	th Day	Year				
	I have to		11	en berein	11:1	J.C.	. 1				

CleanCare Corp.

Material Information Sheet

Profile Number: 11331

Cert. Date:

5/26/99

Review Date:

5/25/00

Generating Site Name: QUEBECOR INTEGRATED MEDIA

Address: 4101 D INDUSTRY DRIVE E.

City: TACOMA

State: WA Zip: 98424

Phone: 253-922-0990

Contact: SHANE JACKSON

EPA ID#: WA0000016139

Mailing Address

Name: QUEBECOR INTEGRATED MEDIA

Address: P.O. BOX 1117

City: TACOMA

State: WA

Zip: 98401

Phone: 253-922-0990

Contact: CINDY DADIRAS

WASTE MATERIAL

FormCode: B609

WasteName: EVAPORATOR SLUDGE WasteProcess:

ProcessCode: M141

SourceCode: A29

MSDSCode: Y AnalyticalCode: Y Generic Profile: N

SampleNumber:

TreatmentCode:

EVAPORATION OF CLEANING/PLATING SOLUTION

PercentSolid: 75

SpecificGravity: 1-1.1

Layers: SINGLE PHASED

PCBs: NEG Cyanides: NEG

PhysicalState: LIQUID pHRange: 9-11 FlashPoint: NONE

WASTE CHARACTERISTICS WasteColor: GREY

BTUValue: <5000

Sulfides: NEG Phenolics: NEG

METALS

PPM

Arsenic: <5 Barium: <100

PPM

Lead: <5 Mercury: <.2

Nickel: <134 Thallium: <130

0

Cadmium: <1 Chromium: <5 Seleneum: <1 Silver: <5 HexChrome: 0

WASTE CODES Federal:

Comments: PH MUST BE LESS THAN 12.5

State: WT02

Designation Code: D

WASTE COMPOSITION INORGANIC SALTS

WATER **AMMONIA**

SILVER NITRATES

Min Max 50 75 1 20 1

> 1 **≠**106

10

ShipDOT_PSN: NON RCRA WASTE LIQUID

ShipAdditinalDesc: (MATERIAL NOT REGULATED BY D.O.T.)

ShipHazardClass:

ShipDOT id:

ShipPackingGroup:

I hereby certify that as an authorized representative of the generator named above, that the above attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omission of composition or properties exist, and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials subject to the contract.

Title

Date

Printed Name

CleanCare Corp.

Profile Number: 12378

Cert. Date:

7/9/98

Material Information Sheet

Review Date:

7/8/99

Generating Site

Name: QUEBECOR INTEGRATED MEDIA

Address: 4101 D INDUSTRY DRIVE E.

City: TACOMA

State: WA

Zip: 98424

Phone: 206-922-0990

Contact: SHANE JACKSON

EPA ID#: WA0000016139

Mailing Address

Name: QUEBECOR INTEGRATED MEDIA

Address: P.O. BOX 1117

City: TACOMA

State: WA

Zip: 98401

Phone: 206-922-0990

Contact: CINDY DADIRAS

WASTE MATERIAL WasteName:

FormCode: B407

ProcessCode: M103

PPE, FILTERS, RAGS, DEBRIS

WasteProcess:

SourceCode: A91

TreatmentCode:

MSDSCode: Y

AnalyticalCode: Y

Generic Profile: N

SampleNumber:

COMPACT DISC MANUFACTURING WASTE CHARACTERISTICS

WasteColor: VARIES PhysicalState: SOLID

pHRange: 6-8 FlashPoint: NONE

Arsenic: <5

Cadmium: <1

Barium: <100

PercentSolid: 100 SpecificGravity: 1-1.1

Layers: SINGLE PHASED BTUValue: <5000

PCBs: NEG Cyanides: NEG

Sulfides: NEG Phenolics: NEG

PPM

PPM Lead: <5

Mercury: <.2 Seleneum: <1 Silver: <5

Nickel: <134 Thallium: <130

HexChrome: 0

Chromium: <5 WASTE CODES Federal:

Comments:

State:

Designation Code: D

WASTE COMPOSITION **DEBRIS**

RAGS **FILTERS** PPE

METALS

INK LACQUER SODIUM HYDROXIDE

NICKLE SULFAMATE

Min Max 10 30 10 30 1

20 20 0 0 0

104

ShipDOT_PSN: NON REGULATED MATERIAL

ShipAdditinalDesc: (MATERIAL NOT-REGULATED BY D.O.T.)

ShipHazardClass:

ShipDOT_id:

ShipPackingGroup:

I hereby certify that as an authorized representative of the generator named above, that the above attached description is complete and accurate to the best of my knowledge and ability to determine, that no deliberate or willful omission of composition or properties exist, and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all materials subject to the contract.

Signature

Date

David W. Jung

		erint or line	Emergen	cy Contact Telephor	ne Number				
P	orne	using additional and all and a second supervisery		282-8128			Form Approved.	OMB No	2050-0039 Expires 9-3
1		UNIFORM HAZARDOUS WASTE MANIFEST	Generator's U	D · O · O · 1 · 6 · 1 · 3 · 9	Document No.	2. Pa	·		e shaded areas is ederal law.
	1	. Generator's Name and Mailing Address	QUEBER	COR THEGRATED M.	EDIA	A. St	ate Manifest Docu	ment Nu	mber
			AST	nonanananananananananananananananananan					
	4.	Generator's Phone (253)922-0990		B. St	ate Generator's ID		No and the control of		
	5.	Transporter 1 Company Name	C. State Transporter's ID						
		CLEANCARE CORP.	umber .7.7.1.4.7		ansporter's Phone		202 12:40		
7. Transporter 2 Company Name 8. US EPA ID Number,							ate Transporter's I	Dat gate	Montplies
SAFETY- KLEEN (TG) 9. Designated Facility Name and Site Address 10. US EPA ID Number							nsporter's Phone	(253) 2	88- 29m
1		SAFETY . KLEEN LTD.	umber	G. State Facility's ID					
	1	1842 Progress Way					cility's Phone	TIN 160	A STATE OF THE STA
	L.	DELTA BC. CANADA U4GIA4		P. (8388		1000000	604) 940-0		arraya Magazat Arraya
	11	US DOT Description (Including Proper Shipping	Name, Hazard Clas	ss, and ID Number)	12. Con		13.	14.	Carrier war ac
	a.	HM ZO MAG TO COME	5		No.	Туре	Total Quantity	Unit Wt/Vol	Waste No.
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G	b.	X ROWASTE COARCEIUS NOS (SODIUM HYDROXIA	LIQUID, BA	ISIC INDOCHANIC	32	1 1 1	7-7-0	-	
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	d.			•					Tiggi is an an
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	J. /	Additional Descriptions for Materials Listed Above	NA.	Seal street in the contract of		K. Hand	lling Codes for Wa	stes Liste	ed Above
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	15.	Special Handling Instructions and Additional Information	mation	to state the state of				1,000	of a
		. Dat EZG# 154	nation						1
		A DOT ETEG# 154							
	16.	GENERATOR'S CERTIFICATION: I hereby declare packed, marked, and labeled, and are in all respects in	that the contents of proper condition for	this consignment are fully an	d accurately descri	bed abov	e by proper shippi	ng name	and are classified.
П		" I all a large qualitity deflerator. I certify that I have	a program in place	to and an attended to					
		practicable and that I have selected the practicable mand the environment; OR , if I am a small quantity ger available to me and that I can afford.	ethod of treatment, si terator, I have made	torage, or disposal currently average, or disposal currently average.	ailable to me which	minimize	es the present and f	uture thre	at to human health
		Printed/Typed Name	-	Signature	, and government	and 36	ect the best waste	managen	nent method that is
1	×-	David W. Jung		Jan Signature	care	2	-	Mo	nth Day Year
FRAN		ransporter 1 Acknowledgement of Receipt of Mate	erials		1				212.11.1
200	Printed/Typed Name Signature Month Day Year								nth Day Year
2 /	18.	ransporter 2'Acknowledgement of Receipt of Mate	erials	9		.,			512715.5
Ī		Printed/Typed Name		Signature		^ -		,	
3		Egussus Winds		plant	V. (Lol	de	`,	Moi	1th Day Year
	OSYN	Discrepancy Indication Space	ACOD ON SO	PERUTE LINE IT	BM 11 B.	(W)	15/27/99		21/1/
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		toolenmine and distribute the							
2	0. F	acility Owner or Operator: Certification of receipt	of hazardous materi	ials covered by this manifest	except as noted in	ltem 19			
-		rinted/Typed Name							
	,	Typed rading		Signature				Mon	th Day Year
_								1	1 1 100

T/S/D/F COPY